

<b>1. Case No.</b>	<b>2. Investigator's ID</b>	<b>3. Office Code</b>	<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>	
080117HEP9011	5555	591		
<b>4. Date of Accident (Y M D)</b>	<b>5. Date Investigation Initiated (Y M D)</b>			
07 12 27	08 02 14			
<b>6. Synopsis of Accident or Complaint</b>				
THE 32 YEAR OLD MALE VICTIM WAS LIFTING HIS TABLE SAW TO MOVE IT WHEN HE PULLED A GROIN MUSCLE. HE WAS TAKEN TO THE EMERGENCY DEPARTMENT, WHERE HE WAS TREATED AND RELEASED.				
<b>7. Locations (Home, School, etc.)</b>	<b>8. City</b>	<b>9. State</b>		
1	MARYSVILLE	WA		
<b>10. First Product</b>	<b>11. Trade/Brand Name</b>	<b>Manufacturer Address</b>		
841		UNKNOWN		
<b>Second Product</b>	<b>Trade/Brand Name</b>	<b>Manufacturer Address</b>		
<b>12. Age of Victim</b>	<b>13. Sex (1=M, 2=F, 3=Unk)</b>	<b>14. Disposition</b>	<b>15. Injury Diagnosis</b>	
32	1	1	64	
<b>16. Body Part</b>	<b>17. Respondent(s) (Mother, Friend)</b>	<b>18. Type Investigation (1=Onsite, 2 = Phone, 3 = Other)</b>	<b>19. Time Spent</b>	
79	1 VICTIM	2	.50	
<b>20. Attachments</b>	<b>21. Case Source</b>	<b>22. Reviewed By:</b>	<b>Date (Y M D)</b>	
05 QUESTIONNAIRE	03			
<b>23. Narrative (More detail may be included on separate pages)</b>				

CPSC FORM NO. 182 (Revised 10/1985)

Approved for Use Thru 1/31/2010 OMB No. 3041-0029

CPSA 6(b)(1) CLEARED for PUBLIC

✓ NO MFRS/PRVTLBLS OR  
PRODUCTS IDENTIFIED

EXCEPTED BY: PETITION  
RULEMAKING ADMIN. PRCDG

WITH PORTIONS REMOVED:

EB

6/14/11

**Q.1 Do not read to respondent**

**Interviewer Instructions:**

**1. Before contacting the respondent, please review the NEISS emergency room information on the assignment cover sheet. Questions 2, 3, and 4 will require you to enter some of this information before you begin the interview.**

**2. If the victim is age 17 or younger, interview the parent of victim, or ask the parent to listen to the interview on the extension phone while you interview victim. The respondent should be the victim if (s)he is 18 or older.**

**3. The boldfaced text contains instructions to you and should not be read to the respondent!**

**Q.2 Please enter the TASK NUMBER.**

080117HEP9011

**Q.3 Please select the Product Code on record for the saw associated with this incident.**

Power saw, other or not specified (0895)

**Q.4 Does the NEISS record indicate injury to a finger or hand (body part codes: finger = 92, hand = 82)?**

No

**Q.5 INTRODUCTION:**

Hello. May I speak with \_\_\_\_\_? (Ask for victim by name or parent or guardian of victim under age 18.)

person is available

**Q.7 Hello. I'm \_\_\_\_\_. I am working with the U.S. Consumer Product Safety Commission. In cooperation with (hospital name), we're doing a study of saw injuries. We are interested in learning more about these incidents, so we can find ways to help prevent similar**

incidents. The information is confidential, and for statistical purposes only. Will you help us?

agreed

**Q.10 Interviewer: Indicate below who the respondent is.**

Victim/ injured person

**Q.13 Was the saw involved in the incident powered or not powered (manual)?**

Powered

**Q.15 Was the saw a handheld model?**

No

**Q.17 Do you call your saw (choose the best answer) a circular saw (sometimes called a skil saw), a hack saw, a jigsaw, a saber saw, a reciprocating saw, a chain saw, or something else?**

**Interviewer: Skil is a manufacturer name for a circular saw type**

**Q.21 Please describe how the injury happened and what the injuries were. That is, what were you (was the operator) doing just *before*, *during*, and *after* the injury occurred? Please start with what was going on just *before* the injury occurred.**

**Interviewer: continue on paper if necessary.**

I WAS MOVING MY TABLE SAW FROM THE DRIVEWAY TO THE SHOP AND I PULLED A MUSCLE. IT DIDN'T HURT MUCH THEN, BUT LATER IN THE EVENING IT WAS HURTING. MY WIFE TOOK ME TO THE HOSPITAL.

**Q.22 INTERVIEWER READ THE FOLLOWING:** In addition to writing down exactly what you told me about how the injury happened, I need to ask you some questions that may seem like I'm asking you to repeat yourself. Please bear with me. We want to be sure we completely understand everything about how the injury happened.

**Q.23 Was the motor running at the time of the injury? (Determine if the saw had just been turned "on" or "off")**

Motor was not running

**Q.26 Does the blade have a safety switch such as a key lock that must be activated, in addition to a starter switch, before the saw can be turned on?**

Yes

Q.27 Is the safety switch removable or stationary?

Stationary

Q.28 Is the blade of the saw direct drive (blade mounted directly onto the motor output shaft) or indirect drive (belt or gear driven)?

Direct Drive (blade mounted directly onto the motor output shaft)

Q.30 At the time of the injury, were you using the saw, repairing/maintaining the saw, or were you not using the saw?

Not using the saw

Q.31 Was someone else operating the saw at the time of the injury?

No

Q.142 Do you know the brand name (manufacturer), model name/number, and/or horsepower of the saw?

Yes, if any are known

Q.143 Enter manufacturer, leave blank if unknown.



Q.144 Enter model #, leave blank if unknown.

Q.145 Enter horsepower, leave blank if unknown.

Q.146 Had the saw been changed or modified in any way since you got it?

Q.152 Are you right-handed, left-handed, or do you use both hands interchangeably?

Q.154 Is the operator right-handed, left-handed, or does the operator use both hands interchangeably?

Q.156 Please describe the position of your (operator's) left and right hands with respect to the saw and the stock, just before the injury and right at the time of the injury.

**Interviewer: (1) Be specific about which saw parts were held or in contact with the hand. (2) Indicate how stock was fed into the saw. (3) Specify if operator was reaching. (4) Specify whether operator was holding stock firmly or loosely.**

Q.157 Were you wearing eyeglasses, safety goggles, gloves, or any other special clothing at the time of the injury? **(Select as many as applicable)**

Q.160 Was the operator wearing eyeglasses, safety goggles, gloves, or any other special clothing at the time of the injury? **(Select as many as applicable)**

Q.164 During the last year, what type of cutting have you (the operator) performed most frequently with the saw?

Q.166 Do you (operator) have an owner's manual for the saw involved in the injury?

Q.167 Do you remember any warnings or safety precautions about the operations of the saw that were printed in the owner's manual?

Q.169 Do you remember seeing any warnings or safety precautions about the operation of the saw that were printed on a label on the saw?

Q.172 Will you tell me your height and/or weight?

Q.176 Do you know the operator's height and/or weight?

Q.179 Was the saw already assembled before purchase or did you (operator) have to assemble it after purchase?

Q.181 Were you (the operator) ill or under any medication, drugs, or alcohol at the time of the injury?

Q.183 In your opinion, what caused the injury incident?

Q.184 In your opinion, were there any environmental factors such as slippery floor/debris on the floor, debris on the work surface, poor lighting, extreme temperature, or loose clothing that may have contributed to the injury incident?

Q.185 If I have missed anything or we need additional information, may I call you back?

Q.187 **End interview by saying:**

Thank you very much for your time. Your answers to these questions will be used in our efforts to prevent other such injuries.

Q.188 **Interviewer: Enter today's date (month/day/year).**

